



**Benton-Franklin District Health Department**  
800 W. Canal Drive  
Kennewick, WA 99336  
(509) 586-0207

**Application for Certified Copy of Death Certificate.**

(To be used for persons who died in Benton or Franklin County)

TODAY'S DATE \_\_\_\_\_

FULL NAME OF DECEASED \_\_\_\_\_

PLACE OF DEATH (*Hospital or Town*) \_\_\_\_\_

DATE OF DEATH \_\_\_\_\_

NUMBER OF COPIES \_\_\_\_\_ X \$13.00 = \_\_\_\_\_

ADDITIONAL COPIES \_\_\_\_\_ X \$8.00 = \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Please Complete for Identification Purposes Only**

YOUR NAME \_\_\_\_\_  
PLEASE PRINT LAST FIRST MI

YOUR ADDRESS \_\_\_\_\_  
STREET CITY

STATE ZIP

HOME PHONE ( ) \_\_\_\_\_ WORK PHONE( ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SIGNATURE OF PERSON REQUESTING CERTIFICATE:

\_\_\_\_\_

RELATIONSHIP TO PERSON WHOSE CERTIFICATE IS REQUESTED:

\_\_\_\_\_

**For office use only**

No. of Copies \_\_\_\_\_ Date Picked Up/Mailed \_\_\_\_\_

Account No. \_\_\_\_\_ Receipt No. \_\_\_\_\_

Date \_\_\_\_\_